

LAST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date				
							Applicant(s)						
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend	
	Indep	Depend	Indep	Depend	Indep	Depend							
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Total Depend							Total Depend					Total Depend	
Total Claims							Total Claims					Total Claims	